

**SUMATRIPTAN & ZOLMITRIPTAN POWDERS
(powders)****Pre - PA Allowance**None

Prior-Approval Requirements

Age 6 years of age or older
Ages 6-11 must be prescribed by a neurologist

DiagnosesPatient must have **ONE** of the following:

1. Migraine, with aura (classic or classical)
2. Migraine, without aura (common)
3. Cluster headache – acute treatment (Injectable **ONLY**)

AND ALL of the following:

- a. Patient is currently using migraine prophylactic therapy **OR** the patient has had an inadequate treatment response, intolerance, or contraindication to migraine prophylactic therapy (e.g., divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, etc.)
- b. **NO** hemiplegic migraine
- c. **NO** basilar migraine
- d. **NO** dual therapy with a calcitonin gene related peptide (CGRP) antagonist for acute migraine treatment (e.g., Nurtec ODT, Ubrelvy)
- e. **NO** dual therapy with Reyvow (lasmiditan) or Elyxyb (celecoxib)
- f. **NO** other PA on file for any triptan agent
- g. The requested dose is **not** commercially available
- h. The strength does **not** exceed FDA approved limit for requested dosage form
- i. The dosage form must be commercially available

Prior - Approval Limits**Duration** 6 months

Prior – Approval *Renewal* Requirements

Age 6 years of age or older
Ages 6-11 must be prescribed by a neurologist

**SUMATRIPTAN & ZOLMITRIPTAN POWDERS
(powders)****Diagnoses**

Patient must have **ONE** of the following:

1. Migraine, with aura (classic)
2. Migraine, without aura (common)
3. Cluster headache – acute treatment (Injectable **ONLY**)

AND ALL of the following:

- a. **NO** hemiplegic migraine
- b. **NO** basilar migraine
- c. **NO** dual therapy with a calcitonin gene related peptide (CGRP) antagonist for acute migraine treatment (e.g., Nurtec ODT, Ubrovelvy)
- d. **NO** dual therapy with Reyvow (lasmiditan) or Elyxyb (celecoxib)
- e. **NO** other PA on file for any triptan agent
- f. The requested dose is **not** commercially available
- g. The strength does **not** exceed FDA approved limit for requested dosage form
- h. The dosage form must be commercially available

Prior – Approval *Renewal* Limits

Same as above